

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	JIMMIE LEWIS	COURT CASE NUMBER	CA 04-1350 GMS
DEFENDANT	DR. SYLVIA FOSTER	TYPE OF PROCESS	O/C
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
→	DR. SYLVIA FOSTER, DELAWARE STATE HOSPITAL		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	1901 N. DUPONT HWY, NEW CASTLE, DE 19720		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
JIMMIE LEWIS SBI# 506622		Number of parties to be served in this case	2
H.R.Y.C.I., P.O BOX 9561		Check for service on U.S.A.	
WILMINGTON, DE 19809			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

DR. SYLVIA FOSTER WORKS AT THE JANE E. —
MITCHEL BUILDING MON - FRI 8 A.M TO 4 P.M
AT THE DELAWARE STATE HOSPITAL
(FORMA PAUPERIS)

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Jimmie Lewis		N/A	11/18/04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED OCT - 3 2005 U.S. DISTRICT COURT </div>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above)		Date of Service	Time			
		9/30/05	pm			
		Signature of U.S. Marshal or Deputy				
		GR				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

Per DSA - no longer employed
Ret. Unexecuted